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FROM: Brian L. Belles	TIMEKEEPER NO.: 1763
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# OF PAGES (INCLUDING COVER): 10	FILE NAME: CRAY VALLEY
DATE: May 7, 2004	FILE #: 119464

RECIPIENT(S)	PHONE	FAX
USPTO		703 872-9306

MESSAGE: Serial No. 10/019,161

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Following is: Transmittal Form, Fee Transmittal Form, Petition for One Month's Extension of Time; Supplemental Amendment under 37 CFR 1.116

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission	Application Number 10/019,161 Filing Date March 1, 2002 First Named Inventor Isabelle Betremieux Art Unit 1731 Examiner Name Jose A. Fortuna
Total Number of Pages In This Submission	Attorney Docket Number 119464

ENCLOSURES (check all that apply)

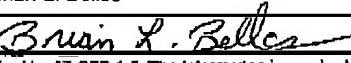
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="button" value="Remarks"/>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Brian L. Belles
Signature	
Date	May 7, 2004

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Typed or printed name	Brian L. Belles
Signature	
Date	May 7, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

110

Complete if Known	
Application Number	10/019,161
Filing Date	March 1, 2002
First Named Inventor	Isabelle Betremieux
Examiner Name	Jose Fortune
Art Unit	1731
Attorney Docket No.	119464

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number

60-1275

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FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20 **	= 0	X	Fee from below	= 0	Fee Paid
Independent Claims	-3 **	= 0	X		= 0	
Multiple Dependent			X		= 0	

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid ** Reissue independent claims over original patent	
1204	86	2204	43	** Reissue claims in excess of 20 and over original patent	
1205	18	2205	8		

SUBTOTAL (2) (\$0)

*or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity
Fee Code	Fee (\$)
1051	130
1052	50
1053	130
1812	2,520
1804	920*
1805	1,840*
1251	110
1252	420
1253	950
1254	1,440
1255	2,010
1401	330
1402	330
1403	290
1451	1,510
1452	110
1453	1,330
1501	1,330
1502	480
1503	640
1460	130
1807	50
1808	180
8021	40
1809	770
1810	770
1801	770
1802	900
Other fee (specify) _____	

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$110)

SUBMITTED BY

Complete if applicable

Name (Print/Type)	Brian L. Belles	Registration No. (Attorney/Agent)	51,322	Telephone	215-665-7244
Signature			Date	May 7, 2004	

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